DOCUMENT RESUME

ED 294 103 CG 020 769

AUTHOR Sheehan, Nancy W.; Wisensale, Steven
TITLE Discharge Policies in Senior Housing.
PUB DATE 87
NOTE 27p.; An earlier version of this paper was presented at the Annual Meeting of the Gerontological Society (Washington, DC, November 18-22, 1987). This research was partially supported by a grant from the University of Connecticut Research Foundation.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Aging (Individuals); Daily Living Skills; *Housing; Housing Needs; *Older Adults; Self Care Skills; Social Integration; *Social Support Groups
IDENTIFIERS *Frail Elderly

ABSTRACT

Elderly housing has become a special concept in which level of activity, social support, and social integration may be more important than square footage or closet space. An increased concern among housing specialists has been the ability of traditional senior housing to meet the needs of frail tenants who have "aged in place." As tenants survive into and beyond their 80s, housing sponsors must address the problems of growing numbers of frail tenants. This study was conducted to describe the capability of senior housing to meet the support needs of frail tenants and to understand the formulation of discharge policies which address frailty among tenants. Two methods to assess discharge policies were used: a survey of housing sponsors and in-depth telephone interviews with selected housing personnel. The results indicated that few housing sponsors had developed discharge policies concerning frail tenants. Rather, decisions regarding frail tenants were made on a case by case basis. Overall, housing sponsors reported low turnover rates and few problem discharges. These findings have implications for senior housing as a component of the long-term care system. (Author/NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED294103

DISCHARGE POLICIES IN SENIOR HOUSING[1]

Nancy W. Sheehan, Ph.D.[2] and Steven Wisensale, Ph.D.[3]

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Nancy W. Sheehan

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 020769

[1]This research was partially supported by a grant from the University of Connecticut Research Foundation. The authors also acknowledge both the Connecticut Department of Housing and Department on Aging for their support and assistance in conducting this research. Special appreciation is expressed to Michael Duffy and Richard LoPresti, Connecticut Department of Housing, and Arnold Pritchard and Horace McCauley, Connecticut Department on Aging, for their help in developing the research instrument.

An earlier version of this manuscript was presented at the Annual Meeting of the Gerontological Society of America, November 1987, Washington, D.C.

[2]Assistant Professor, Human Development and Family Relations Program, University of Connecticut, Storrs, CT 06268

[3]Assistant Professor, School of Family Studies, University of Connecticut, Storrs, CT 06268

Abstract

The purpose of this research was to examine the presence and development of discharge policies concerning frailty in senior housing. Two methods to assess discharge policies were employed: a survey of housing sponsors and in-depth telephone interviews with selected housing personnel. Results indicated that few housing sponsors had developed discharge policies concerning frail tenants. Rather, decisions regarding frail tenants were made on a case by case basis. Overall, housing sponsors reported low turnover rates and few problem discharges. The implications of these findings for senior housing as a component of the long term care system are discussed.

Key Words: Discharge policy Senior housing Frail tenants

Since the early 1960s there has been a marked increase in the construction of housing units for the elderly. Supported primarily by Federal funds, this activity in turn has spawned a fairly large body of research which, in general terms, has produced the conclusion that successful elderly housing must occur within a broader context that considers the support needs of older tenants (Benedict, 1977; Carp, 1966; Lawton, Moss & Grimes, 1985). Thus, elderly housing has emerged as a very special concept -- one in which the level of activity, social support, and social integration may be more important than square footage or closet space (Carp, 1976). Other works by Schooler (1970), Hochschild (1973), Gelwicks & Newcomer (1974), Lawton, Greenbaum & Leibowitz (1980) and Sherman (1979) coincide with these findings.

At present, it is estimated that about 4 percent of the elderly population lives in specialized planned housing (Lawton et al., 1980). Converted to numbers, this equals approximately 2.5 million older Americans who currently reside in age-segregated residential settings. The remainder either reside in institutions (5%) or live in the community (90%).

Much of the research that concerns senior housing can be classified under four major categories: 1) social interaction and informal support (Lawton & Nahemow, 1975; Sheehan, 1986b; Sherman, 1972; Stephens & Bernstein, 1984);

2) health status and functional capacity (Benedict, 1977; Carp, 1977; Ehrlich, Ehrlich & Woehlke, 1982; Moss & Lawton, 1981; Weinberger et al., 1986); 3) the impact of relocation (Bultena & Wood, 1969; Carp, 1966; Lawton et al., 1980; Lieberman & Tobin, 1983); and 4) provision of services (Lawton 1981; Lawton, Moss & Grimes, 1985; Schooler, 1976).

An increased concern among housing specialists has been the ability of traditional senior housing to meet the needs of frail tenants who have "aged in place." As more and more tenants survive well into their 80s and beyond, housing sponsors find themselves called upon to address the problems of growing numbers of frail tenants. Two broad policy issues can be identified which address this "aging in place" phenomenon: 1) the role of the housing sponsor in providing support services to frail tenants and 2) the circumstances when a frail tenant is evaluated as no longer an appropriate resident. Although these issues are closely interrelated, the former has received far more attention (Lawton, Moss & Grimes, 1985; Moss & Lawton, 1981; Sheehan & Mahoney, 1984) than the latter issue. The primary focus of this research paper is to describe the capability of senior housing to meet the support needs of frail tenants and to understand the formulation of discharge policies which address frailty among tenants

Policymakers and researchers have been reluctant to address discharge policies. Sheehan (1986a; 1987)

identified three possible reasons why policymakers responsible for public senior housing have failed to systematically address discharge or termination policies. First, housing authorities operate under extreme institutional restraints: lack of money, personnel, and adequate subsidies. Second, amidst a climate of deregulation emanating from the Reagan administration, there may be a tendency to discourage the formulation of regulations and policies that demand additional funding. And third, with the growing trend to decentralize decisionmaking, particularly during the Reagan administration, policymakers may tend to empower local housing authorities to make decisions that affect the well-being of elderly tenants.

The reluctance of gerontologists to examine discharge policies concerning frail tenants is somewhat more difficult to understand. One possible explanation is some gerontologists' fears that discussion of termination policy will increase the likelihood of relocation for frail tenants (Sheehan, 1986a). Since in most communities there are few available housing alternatives, premature placement in a nursing home may be perceived as the only option. Gerontologists, therefore, may fear any discussion of discharge will increase the rates of nursing home placement. Only two studies have addressed the presence of termination or dicharge policies concerning frailty among tenants (Bernstein, 1982; Sheehan, 1986a).

Whatever the reasons why policymakers and gerontologists have avoided this issue, research is needed which begins to explore the nature of local decision-making that determines when a frail tenant should be discharged from planned housing. In efforts to better understand this issue, at least 3 things are certain. First, if termination policies do exist for the frail tenant, it appears that they do so at the local level- either at the local housing authority or at the site of the elderly complex. Second, little is known about any termination policies that do exist. And third, even if no policies exist, and therefore the so-called "non-policy" becomes the policy, it is important to understand how such a policy impacts on the frail tenant.

The impetus for the present study grew out of the formation of a study committee jointly sponsored by the Connecticut Department of Housing and Department on Aging to examine residency policy in elderly housing. The purpose of this research was to gather pertinent information concerning residency policies in senior housing to assist policymakers, housing specialists, and gerontologists in formulating guidelines for administering and managing the growing "aging" population in senior housing.

Methods and Procedures

Two methods to assess discharge policies within senior housing were employed: 1) a survey of sponsors of senior

housing, using a self-administered questionnaire; and 2) in-depth telephone interviews with selected housing sponsors.

Survey of Housing Sponsors.-- Sponsors of elderly housing were identified by means of a two stage process. First, with the assistance of the Connecticut Department of Housing, all local housing authorities (LHAs) with responsibility for senior housing were surveyed (N =77). Second, other sponsors of senior housing were identified through compiling lists obtained from the Connecticut office of the U. S. Department of Housing and Urban Development (HUD) and a consumer listing of senior housing available from the Connecticut State Department on Aging. This second list of housing sponsors yielded 83 additional sponsors that were included in the sampling design. All 160 housing sponsors identified in this two stage process were sent self-administered questionnaires with enclosed stamped addressed envelopes. Follow up phone calls to increase the response rate were conducted. The response rate for LHAs was 83% (N = 64), while the response rate for other housing sponsors was 41% (N=34). The overall response rate was 61% (N =98).

Respondents completing the questionnaire were Executive Directors (41.8%, n =41), Housing Managers (19.4%, n = 19), LHA Chairpersons (5.1%, n = 5), an Elderly Management Specialist (1%, n =1) and other housing personnel (23.5%, n = 9). The majority of housing sponsors were responsible for

operating either one (40.8%) or two (29.6%) elderly complexes. Management of the housing included state subsidized (LHA) housing (45.9%, n = 45); HUD subsidized housing (7.15, n =7); both state and HUD subsidized housing (18.4%, n =18), private/profit housing management (13.3%, n = 13); private non-profit housing management (8.2%, n = 8), and other (5.15%, n = 5).

The self-administered questionnaire assessed demographic information concerning senior housing (number of elderly units, ages of elderly tenants, number of complexes, sponsorship of complexes), availability of support services, admission requirements, policies and procedures for discharging frail tenants, procedures used when discharging tenants, and number of discharges over a 2 year period.

In-depth Telephone Interviews with Housing Sponsors. -- Subsequent telephone interviews were conducted with all housing sponsors who had reported the presence of a discharge policy on the self-administered questionnaire.

Using open-ended questions, the interview schedule explored types of management problems concerning elderly housing, major unmet needs of elderly tenants, the conditions under which an elderly tenant should be moved from the housing, the nature of the established criteria permitting continued residence, specific information regarding the discharge policy, and overall experiences in discharging elderly tenants.

For this phase of the research, each sponsor with a discharge policy was contacted to participate in the interview. Interviews were conducted with a total of 9 housing sponsors. Although results from the self-administered questionnaire had reported 10 sponsors with discharge policies, one of these sponsors had returned separate questionnaires for 2 different elderly housing complexes.

Each sponsor was sent the questions prior to the actual interview.

RESULTS

Survey of Housing Sponsors

Estimated Percentages of Tenants Inappropiately Residing in Senior Housing.-- Housing sponsors' estimates of the percentages of elderly tenants who did not belong in senior housing due to frailty, mental health problems, or both physical and mental health problems varied widely. The average percentage of tenants perceived too frail for continued residence was 4%. However, estimates ranged from 0 to 38%. Similar variability was noted for estimated percentages of tenants who were inappropriate due to mental health problems (range 0 to 54%). The mean percentage of tenants who were considered inappropriate due to mental health reasons was 2.7%. Finally, considering co-existing problems of frailty and mental health, 1.6% of tenants were

considered inappropriately placed (range 0 to 27%).

Discharge Policies.-- The majority of housing sponsors indicated that their housing did not have any discharge policy concerning frailty. Only 10 (10.2%) housing sponsors reported any discharge policy. The nature of these policy statements, however, indicated that the conditions specified under which a tenant is considered no longer appropriate for continued residency were very general. Most frequently these conditions specified that the tenant must be "capable of independent functioning." All sponsors reported that a statement of the policy is provided to the tenant at the time of admission. One complex requires the applicant to sign the following statement: "I recognize (name of complex) is intended for persons of modest income whose health is such that they are capable of living independently, and should my situation change, my eligibility for continued residence may be affected."

Four sponsors indicated that a statement of the policy was included in the tenant's lease. For example, a local housing authority reported that the tenant's lease contains the following item under the section, "Tenant Obligations," that reads: ("The tenant shall be obligated ...) to have the ability to care for themselves and the apartment in a manner to be safe for themselves and the other tenants." Finally, in only 3 instances did housing sponsors report that the policy included procedures for handling the

discharge of frail tenants.

Housing sponsors reported that determination of the need to discharge an elderly tenant typically involved several different persons or groups. However, 1/3 (33.7%, n =33) of the respondents indicated that determination of the need for discharge was made by a single group. For these respondents, a team of individuals was most frequently reported as determining the need (42.4%, n = 14). Of the 33 sponsors reporting a single group or individual, 7 sponsors (21.2%) reported that the housing staff was the single group to determine the need, while 8 reported that the tenant's family (24.2%) was the single group. When housing sponsors reported more than one influence in determining the need for discharge, the family (79.7%, n =47) and the housing staff (72.9%, n =43) were the most frequently cited influences.

Since there are typically many persons involved with the elderly tenant, respondents were asked to rate on a scale from 1 (not at all helpful) to five (very helpful) how helpful different persons were in accepting the discharge decision. Tenants' families were perceived as most helpful (M = 3.71). The next most helpful influences were health professionals (M = 3.59) and social service professionals (M = 3.46).

Move-outs and Problem Move-outs.-- Information on the number of move-outs over the past two years due to death, physical disability, mental problems, non-payment of rent, and

failure to maintain the unit was assessed. Respondents were asked for each category as to how many move-outs had occurred and how many of these had caused serious difficulties for the management of the housing.

Overall, the average numbers for move-outs and move-outs causing serious problems over a 2 year period were low. Estimates of the average numbers of move-outs over a two year period were as follows: deaths (M =10.2, S.D. =13.46), physical disability (M =4.74, S. D.=6.97), pychological problems (M =1.40, S.D. =2.54), non-payment of rent (M=.22, S.D.=.74), and failure to maintain unit (M =.77, S.D. = 2.0). For each category, except move-outs due to death, the modal response was zero.

The average numbers of "difficult" move-outs were extremely low. Estimates were: death (M =.10, S.D.=.49), physical disability (M =.432, S.D.= 2.16), psychological problems (M =.59, S.D. =1.87), nonpayment (M =.105, S.D. = .494), and failure to maintain unit (M = .253, S. D. = .91). Thus, the low incidences of problem move-outs suggest that housing sponsors are generally not troubled or bothered by difficult move-outs or discharges.

Discharge Procedures and Problems.-- Housing sponsors reported using a variety of procedures for discharging "problem" tenants. The procedure most often employed was a conference with the family (44.9%, n =44). The second most common procedure was evaluation by either social service or

health professionals (29.6%, n =29). More drastic procedures, such as protective services (10.2%, n =10), conservator (5.1%, n =5), and legal eviction (3.1%, n =3), were employed less frequently. Although eviction procedures were not often used by housing sponsors, almost 1/4 (24.5%,) of sponsors reported that they had begun legal proceedings to evict at least one elderly tenant during the past 5 years.

The average time period to discharge a problem tenant varied among housing sponsors. For some sponsors, discharging a problem tenant can be a lengthy process. Twenty-five housing sponsors (25.5%) reported that it took 6 months or more to transfer a difficult tenant. However, the average amount of time was 4.8 months.

Housing sponsors were asked to rank the most common sources of difficulty associated with "problem" transfers. Based upon this ranking, lack of family (M = 1.2) was the most common source of difficulty. Other frequently occurring sources of problems were: tenant uncooperative (M = 1.3) and family uncooperative (M = 1.4).

Factors Related to the Presence of a Discharge Policy.-- Since so very few housing sponsors reported any discharge policy, it is difficult to make statistical comparisons concerning factors which may predict the presence of a policy. Limited comparisons, however, were made concerning the likelihood that a particular type of housing sponsor

would be more inclined to formulate a policy. Comparing the adjusted percentages of sponsor types (private non-profit, private for profit, state/federal), private non-profit management companies were most likely to report a policy (33.3%). In contrast, 10% of private for profit managers and 7.9% of state and/or federal managers reported a discharge policy.

The possibility that housing sponsors without a discharge policy would report greater support service availability was examined. However, there was no significant relationship between the presence of a policy and overall availability of services.

In-Depth Telephone Interviews with Sponsors

In-depth interviews with housing sponsors were conducted to explore in greater detail housing sponsors' concerns regarding managing elderly housing. Seven out of 9 sponsors noted that frailty among tenants was the major problem that they experienced in managing senior housing. Specific problems associated with frailty which housing sponsors listed were arthritis, senility, Alzheimer's disease, deteriortation of elders' health, and tenants' feelings of alienation. Two sponsors in discussing the problems of frailty noted the difficulties in securing appropriate living arrangements for frail tenants, particularly those frail tenants who are not appropriate for nursing home care. The problem of frail tenants is complicated, according to

one sponsor, because the frail tenant does not want to depend on others. Two sponsors mentioned loneliness as a prevalent problem among tenants. Only one sponsor indicated no problems associated with managing elderly housing. In her words, the elderly were "perfect tenants."

Sponsors were asked what they felt was needed to assist them in handling the problems that they faced. Six sponsors noted the need for either more congregate housing or congregate type services, such as housekeeping. Other sponsors discussed their needs for: more money, use of a medical review board to do tenant evaluation; additional staff, specifically a part-time medical person and a psychiatric social worker.

The emergence of frailty was noted by most sponsors as a problem that had emerged over the past several years. In response to the question whether their management problems had changed over the past few years, 5 out of the 6 sponsors responding to this question, noted a marked increased in the incidence of frailty among tenants. Two sponsors specifically referred to the "aging in place" of tenants, growing numbers of tenants living in senior housing more than 20 years, that senior housing facilities are not prepared to deal with it. Premature hospital discharges of frail tenants were also noted as a growing problem for housing sponsors. According to one sponsor, the impact of DRGs for the housing has been that tenants who return from

the hospital to their apartment units are sicker, and yet less likely to receive the necessary support services.

Frailty, however, was not the only problem mentioned by sponsors. Other problems noted were less money from state and Federal sources and increased numbers of young SSI tenants who are disruptive to others.

Sponsors were queried concerning under what conditions an elderly tenant should be moved from their housing. Seven sponsors noted that a tenant should be moved when her behavior was hazardous either to self or others. Wandering, eating spoiled food, immobility, and inability to take care of self were mentioned as conditions requiring a move-out. One sponsor reported that tenants should be moved when they cannot take care of their units. Only one sponsor mentioned being disruptive to others as a condition requiring a move-out. Five sponsors noted that services provided by either family or community agencies make a significant difference in determining when a tenant is judged inappropriate. Tenant frailty alone, therefore, was not the sole condition for dismissal. Rather, decisions are made on a case by case basis which consider the frailty of the tenant and the ability of the formal and informal support systems to meet the needs of the tenant.

Responses to a question concerning whether the criteria for continued residency were strict or lenient provided additional insight into the nature of this decision-making

process. The majority (N =5) did not report absolute criteria but considered each individual situation. Four of these sponsors further noted that decisions consider the supportive services available. Since services are not provided by the complex, 2 sponsors noted that a frail tenant would be discharged if she could not afford to pay for services. Thus, although most sponsors reported that continued residence required the ability to "live independently", in actual practice residency policy focuses on the tenant's receiving the necessary support services. Two sponsors had no comment.

Sponsors were also asked who is responsible for deciding when an elderly tenant should be discharged. In all cases, the Executive Director was responsible. Executive Directors reported using a variety of strategies for determining the need for discharge. Among the strategies employed were: review by a health team or review panel (n =3); referral to Protective Services for a case evaluation (n =1); and a conference with the family (n =3). Three Executive Directors commented that the implementation of the discharge policy had not emerged as an issue since families typically step in and remove a frail tenant before the Executive Director must make the final decision.

Although the majority of sponsors reported experiencing problems related to either the increased incidence of frailty and/or the inadequacy of financial or personnel

resources to meet the support needs of tenants, not one of the sponsors interviewed reported any major problems related to discharging frail tenants. When frail tenants are discharged they most frequently go to a nursing home. Less frequently, they will move in with family. Only one sponsor mentioned any difficulty surrounding discharge. This difficultly, however, related to only a single case. The difficulty was attributed to an overzealous social service agency that initially did not agree with the management's decision that the tenant did not belong in the housing. This was the only problem mentioned.

DISCUSSION

As our aging population continues to expand, traditional senior housing has emerged as an increasingly important component of the long-term care continuum. With growing numbers of frail tenants residing in senior housing, housing specialists, gerontologists and policymakers must address the role of planned housing within this long-term care system. The development of residency policies relating to frail tenants is an important step in articulating this role.

The purpose of this paper was twofold: first, to explore the perceptions of housing sponsors concerning the ability of their housing to meet the support needs of frail tenants; and second, to examine the issue of discharge policies that impact on frail tenants.

At least 5 important conclusions were reached as a result of this study. First, there is growing concern among housing sponsors about elderly tenants "aging in place."

Second, there were remarkably low turnover rates among elderly tenants. Over the 2 year period assessed, housing sponsors reported relatively few move-outs. These low turnover rates, however, directly relate to the growing concern among housing specialists about excessively long waiting lists to enter senior housing. As the average period of occupancy in senior housing dramatically increases, the issue of the relationship between discharge policy, length of residence, and size of waiting list must be addressed. As the average length of occupancy increases, opportunities to admit new tenants are seriously reduced.

Third, the role of the famly in providing assistance was extremely important. Based upon the results of both the self-administered questionnaires and in-depth interviews, the presence and support of family members was a major determining factor influencing decisions concerning frail tenants' continued residence. Frail tenants with supportive services provided by family and/or community agencies were frequently allowed to remain in their apartment units, while frail tenants without support were required to move out. Without specific provisions to assure support services in senior housing, familyless and/or poor elderly tenants will be particularly vulnerable to discharge or termination.

Elderly public senior housing tenants are a particularly vulnerable group, since they evidence significantly poorer health and greater risk of hospitalization and nursing home placement than other community living elderly (Weinberger et al., 1986).

The presence of family also appeared to facilitate rather than obstruct the discharge process.

Fourth, housing managers do not perceive discharge to be a problem. However, this is not to say that it will not become a problem in the future if specialized housing for the elderly does not keep pace with demographic projections.

And fifth, few housing complexes have any formal discharge policies. Problems are resolved on a case by case basis. The decision-making process concerning a frail tenant's continued residence appears the same in complexes with or without a specified policy, each decision made on a case by case basis. The lack of apparent differences in the way termination decisions are made (with or without policy) reflects the generality of reported discharge policy guidelines. For an elderly frail tenant to continue in residence, he or she must be "capable of independent functioning."

If we choose to include housing as part of the long-term care continuum, then it is imperative that we address some of the issues raised in this study. Three areas in

particular that deserve closer scrutiny are 1) research; 2) appropriate models of discharge; and 3) training programs for managers of elderly housing.

Research that traces the paths of the elderly from independent living to institutionalization would be helpful in clarifying the role of specialized housing and in identifying specific services for particular types of housing complexes. Thus, although few housing sponsors reported that discharging a frail tenant was problematic, additional research should explore the process of discharge as it involves the tenant, his or her family, social service and health agencies, and the housing management. Additional research should compare matched groups of frail tenants: those remaining in senior housing and those relocated to other types of housing.

Models (options) of feasible discharge policies would be particularly helpful to housing managers. Important components, such as definitions of frailty, the role of the family or guardian in the review process for discharge, and guidelines for an appeal process should all prove effective in preventing confusion and avoiding more complicated legal confrontations. Even the term "discharge" requires clarification. One sponsor commented on her uneasiness with the term, since the older persons who leave senior housing are not "patients." She added that although most of the tenants do go to nursing homes, she prefers to call it a

"transition" and not a discharge. The authors share this concern regarding a more appropriate term than "discharge". In an earlier paper (Sheehan, 1986a), the term "termination", an equally unsatisfactory term was employed.

Several possible models have been proposed within Connecticut. One model is a caregiver model which requires each applicant to senior housing to specify a "caregiver" (either a family member or other concerned person) as responsible for arranging services should the need need arise. Although this model does not articulate the specific requirements for continued residence, it does establish a key person to be involved in planning for service needs and discharge.

A second approach proposed by a local housing authority is the appointment of a conservator by the town to make decisions concerning a frail tenant's continued residence. Ongoing research is needed to determine the effectiveness of various models for assuring that the needs of older persons are met (Sheehan, 1987).

And finally, well-designed training programs for housing managers are needed to assist managers in the ways of identifying the early signs of frailty, securing necessary services when possible, consulting with family members, and implementing discharge policies on a consistent basis when called upon.

Whether by planning or by happenstance, elderly housing has emerged as an important component in the long-term care continuum. The findings of this study, coupled with demographic projections, indicate a growing need to include elderly housing in our overall policy of long-term care. As more and more frail older persons continue to reside in senior housing, efforts must be made to address the needs of these at risk tenants.

The present study has identified specific problem areas and proposed recommendations for further study to address what the authors consider to be a very important and rapidily emerging problem.

REFERENCES

Benedict, R. (1977). Integrating housing and services for older people. In W. Donahue, M. Thompson, & D. Curren (eds.), Congregate housing for older people: An urgent need, a growing demand. Washington: U.S. Government Printing Office.

Bernstein, J. (1982). Who leaves - who stays: Residency policy in housing for the elderly. The Gerontologist, 22, 305-313.

Bultena, G. & Wood, V. (1969). The American retirement community: bane or blessing? Journal of Gerontology, 24, 209-217.

Carp, F. (1966). Summary. In F. M. Carp (ed.), Patterns of living and housing of middle-aged and older adults. Washington: U. S. Government Printing Office.

Carp, F. (1976). Housing and living environments of older people. In R. H. Binstock & E. Shanas (eds.), Handbook of aging and the social sciences. New York: Van Nostrand Reinhold.

Carp, F. (1977). How great is the need for shelter and services among older people. In W. Donahue, M. Thompson, & D. Curren (eds.), Congregate housing for older people: An urgent need, a growing demand. Washington: U. S. Government Printing Office.

Enrlich, P., Ehrlich, I. and Woehlke, P. (1982). Congregate housing for the elderly: thirteen years later. The Gerontologist, 22 399-403.

Gelwicks, L. E. and Newcomer, R.J. (1974) Planning housing environments for the elderly. Washington: National. Council on Aging.

Hochschild, A.R. (1973). The unexpected community. Englewood Cliffs, N.J. Prentice-Hall.

Lawton, M.P. and Nahemow, L. (1975) Cost structure and social apects of housing for the aged. Philadelphia: Philadelphia Geriatric Center.

Lawton, M., Greenbaum, M. and Leibowitz (1980). The lifespan of housing environments. The Gerontologist, 20, 56-64.

Lawton, M. (1981). Alternative housing. Journal of Gerontological Social Work, 3, 61-80

Lawton, M., Moss, M., & Grimes, M. (1985). The changing service needs of older tenants in planned housing. The Gerontologist, 25, 258-264.

Lieberman, M. and Tobin, S. (1983). The experience of old age: Stress, coping and survival. New York: Basic Books.

Moss, M. and Lawton, M. (1981). Tenant competence over 12 years: Does it change? Paper presented at the 34th Annual Meeting of the Gerontologcal Society of America, Toronto, November.

Schooler, K. K. (1970). Effect of environment on morale. The Gerontologist, 10, 194-197.

Schooler, K. (1976). Environmental change and the elderly In I. Altman and J. Wohlwill (Eds.), Human behavior and environment: advances in theory and research, vol. 1 New York: Plenum.

Sheehan, N. (1986a). Aging of tenants: termination policy in public senior housing. The Gerontologist, 26, 505-509.

Sheehan, N. (1986a). Informal support among the elderly in public senior housing. The Gerontologist, 26, 171-175.

Sheehan, N. (1987). Aging in place in public senior housing: Past trends and future needs. Home Health Services Quarterly, 8, 55-77.

Sheehan, N. and Mahoney, K. (1984). Connenticut's elderly living in public senior housing. Final report submitted to the Gerontological Society of America Applied Research Program.

Sherman, S. R. (1972). Satisfaction with retirement housing: Attitudes, recommendations, and moves. International Journal or Aging and Humam Development, 3, 339-366.

Sherman, S.R. (1979). The retirement housing setting: Site permeability, service availability, and perceived community support in crises. Journal of Social Service Research, 3, 139-157.

Stephens, M. amd Bernstein, M. (1984). Social support and well-being among residents of planned housing. The Gerontologist, 24, 144-148.

Weinberger, M., Darnell, J. Tierney, W., Martz, B., Hiner, S., Barker, J., & Neill, P. (1986). American Journal of Public Health, 76, 457-459.